are dedicated to prudence and justice, temperance and fortitude respectively. These chapters cite and respond to van Wensveen's four sets of ecological cardinal virtues: position, attunement, care, and endurance. Rourke insists that ecological responsibility cannot be satisfied by any list of specific virtues without providing a model for a healthy integration in creation. This book is up to the task, providing a strong guide to "develop a complex web of interacting virtue nexuses and to enhance that complexity by adding to our virtues" by presenting "our moral character as an active community with many different participants . . . and new ways to imagine how we might collaborate with the sacred itself in our tilling and keeping of a most important garden: who and what we are" (105).

The final chapter is a rewarding payoff, as it showcases the ecological model of moral character. Rourke touts wonder, integrity, and solidarity as three virtues showing "the intimate relationships and ecological dynamics between the participants of a good moral character" (112). She dedicates several pages to the treatment of ecological virtue ethics in *Laudato Si'* and the evolution of integral ecology through the papacies of John Paul II, Benedict XVI, and Francis. Rourke concludes with a very brief look at three examples of ecological moral character in action: at a Catholic university (a sustainability initiative at Canisius University, a collaboration of faculty, staff, and students), in a faith community (a summer camp near Adirondack lakes, thanks to the ministry of Reverend Kent Busman), and the moral heroism of an individual (Dr. Mona Hanna-Attisha, a pediatrician who researched raised alarm bells over lead levels in the water supply in Flint, Michigan). Like small portions of a delectable meal, these examples left me hungry for more. I expect this book will find a wide and eager audience; I hope it will inspire more scholarship on how we can integrate an ecological moral character into our relationships and shared practices. Our integral flourishing relies on it.

MARCUS MESCHER
Xavier University

The Ethics of Precision Medicine: The Problems of Prevention in Healthcare. By Paul Scherz. University of Notre Dame Press, 2024. xiv + 194 pages. $40.00 (hardcover).

Precision has always been an aim of good medical practice. After all, no two patients are exactly the same. Thus, any therapeutic regimen, no matter how broadly successful, will always need to be tailored to the specific constitution and circumstances of the person seeking medical help. Hence the importance, among other things, of

training physicians to attend carefully to the "subjective" evidence of the patient's own narrative of their illness. Nonetheless, modern medicine, particularly since the early nineteenth century, has been marked by ever more disciplined efforts to understand the efficacy of different treatment options. Powerful new tools became available at the beginning of the present century with the completion of the Human Genome Project and the concurrent development of cost-effective mechanisms of genetic testing. A new age of "bespoke medicine" seemed to be upon us, promising both greater accuracy in identifying the genetic causes of disease as well as the ability to treat every patient individually, that is, more precisely. And so, with great fanfare, then-President Barack Obama, standing next to a model of the human genome, announced in 2015 the "Precision Medicine Initiative." "What is precision medicine?" the White House website asks. "It's health care tailored to you."

There has been relatively little ethical analysis of "precision medicine," a gap that Scherz's short monograph seeks to fill. To be clear, Scherz's concern is not with precision medicine as such. Indeed, Scherz affirms several ways in which genomic medicine has been beneficial. To take but three examples, it has brought relief to parents struggling to know—i.e., to name—the causes of developmental delay in their children, thereby opening "avenues of solidarity" with other parents whose children are similarly afflicted. Second, in at least a few instances (Herceptin, Erbitux, Gleevec) it has resulted in the promised "tailored" response to some fatal pathologies. And thirdly, it allows for the identification and thus better treatment of truly "high risk" individuals who for either genetic or behavioral reasons (i.e., non-compliance) are prone to be otherwise eliminated from contemporary medical research protocols.

This tendency to exclude high-risk individuals, not only from research studies, is among the more pernicious consequences, argues Scherz, not of precision medicine itself, but of the currently dominant framework of contemporary health care in which it is embedded. This framework, or rather "regime" as Scherz calls it (following Foucault and Agamben) emphasizes "prevention" as the overarching goal of healthcare. Again, Scherz has no complaint with "prevention," if by that term one means the "general aim of reducing suffering from disease and death" (97). The problem, however, is that contemporary medicine is increasingly focused, not on reducing suffering from disease and death, but on reducing the *risk* of such suffering. Most readers are by now familiar with the phenomenon: our lived experience of health and illness is now mediated through devices (e.g., "smartwatches") and tests (e.g., 23andMe) that tell us the likelihood of succumbing to illness and death based on statistical models—just the opposite of the personalized care "precision medicine" is supposed

to promote. We are thus alienated from our real bodies; indeed, we have become "suspicious" of them, even as we become obsessed with the need to manage or control them, anxiously striving to reduce all uncertainty to an absolute minimum.

In the first part of the book, Scherz tells us how we got here. These chapters are very informative, if sometimes a bit too densely written (editors might have helped by more consistently decoding the many acronyms used in contemporary genetic research). Scherz's normative analysis is spread across five short chapters in the second part of the book. He argues, drawing on a virtue-ethics approach, that this obsession with risk reduction has distorted our relationship with our bodies and also, perhaps more significantly, that between health care professionals and patients. Providers still need to attend to individual patients. That is what medicine is and does. But to do that, physicians need to acquire the virtue of practical wisdom, which includes, at a minimum, a capacity to move out of themselves and into the lived reality of their patients. In short, they will need to acquire the skills associated with beneficence, and ultimately charity. Statistics will only take one so far.

Scherz's book should be of interest to practitioners, but it *ought* to be read by those managing our health care institutions. It is a reminder that when it comes to health and healing, we need not just wisdom, but wise people, people who can teach us the difference between what we ought to fear and what we need not fear. But we also need institutions capable of forming such people. Scherz's book is a sobering reminder of how much at present we lack of both.

PAUL J. WOJDA
University of St. Thomas (MN)